

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2012 JUL 11 AM 9:40

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

POB 940661

Check if different
than previously
reported. (ACC)

SIMI VALLEY

CA

93094-0661

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00507533

3. IS THIS
REPORT

X

NEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

X July 15
Quarterly Report (Q2)

October 15
Quarterly Report (Q3)

January 31
Year-End Report (YE)

July 31 Mid-Year
Report (Non-election
Year Only) (MY)

Termination Report
(TER)

(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

(d) 30-Day
POST-Election
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

04 01 2012

through

06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

GARY WILMOTT

Signature of Treasurer

Gary Wilcott

Date

07 06 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ARTICLE II SUPER PAC

Report Covering the Period:

From:

04 / 01 / 2012

To:

06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		
(b) Cash on Hand at Beginning of Reporting Period.....	4468.85	
(c) Total Receipts (from Line 19)	5010.00	5010.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9478.85	9478.85
7. Total Disbursements (from Line 31)	8795.13	8795.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	683.72	683.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ARTICLE II SUPER PAC

Report Covering the Period:

From:

04 / 01 / 2012

To:

06 / 30 / 2012

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5,010.00

5,010.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5,010.00

5,010.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

5,010.00

5,010.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

5,010.00

5,010.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	8795.13	8795.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8795.13	8795.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8795.13	8795.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8795.13	8795.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5,010.00	5,010.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5,010.00	5,010.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8,795.13	8,795.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8,795.13	8,795.13

12030832700

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)			PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **ARANYOSI, MICHELLE**

Mailing Address

29521 RAINBOW FOREST WAY

City

MENIFEE

State

CA

Zip Code

92584

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

SYSTEMS ANALYST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

04 06 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. **ARNOLD, PAMELA**

Mailing Address

1523 SACAJAWEN AVE.

City

RICHLAND

State

WA

Zip Code

99352

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

IN HOME CARE GIVER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

06 28 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **BASS, JR. HASKELL**

Mailing Address

6823 S. FLORENCE AVE.

City

TULSA

State

OR

Zip Code

74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 02 2012

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BASS, JR., HASKELL		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 6823 S. FLORENCE AVE.		Amount of Each Receipt this Period , 100.00
City TULSA	State OK	
Zip Code 74136		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period , 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ , 300.00		

Full Name (Last, First, Middle Initial) B. BASS, JR. HASKELL		Date of Receipt MM / DD / YYYY 06 / 27 / 2012
Mailing Address 6823 S. FLORENCE AVE.		Amount of Each Receipt this Period , 100.00
City TULSA	State OK	
Zip Code 74136		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period , 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ , 400.00		

Full Name (Last, First, Middle Initial) C. BEARD, JOHN		Date of Receipt MM / DD / YYYY 04 / 09 / 2012
Mailing Address 4070 DE CLIFF-BIG ISLAND RD.		Amount of Each Receipt this Period , 100.00
City MARION	State OH	
Zip Code 43302		
FEC ID number of contributing federal political committee. C		
Name of Employer UPS	Occupation ROAD DRIVER	Amount of Each Receipt this Period , 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ , 200.00		

SUBTOTAL of Receipts This Page (optional).....	, 300.00
TOTAL This Period (last page this line number only).....	

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BLACK, JIM		Date of Receipt MM / DD / YYYY 04 / 02 / 2012
Mailing Address 900 NO. BIRCH RD.		Amount of Each Receipt this Period 50.00
City FT. LAUDERDALE	State FL.	
Zip Code 33304		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) B. BRICKER, SALLY		Date of Receipt MM / DD / YYYY 04 / 11 / 2012
Mailing Address 259 MAPLE HILL RD.		Amount of Each Receipt this Period 100.00
City TONEY	State AL	
Zip Code 35773		
FEC ID number of contributing federal political committee. C		
Name of Employer PWS RECS. MGMT.	Occupation SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. BROWNAN, EDWARD		Date of Receipt MM / DD / YYYY 04 / 04 / 2012
Mailing Address 233 SAWMILL RUN DR.		Amount of Each Receipt this Period 50.00
City CANFIELD	State OHIO	
Zip Code 44406		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

12030832703

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE OF
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) CARLSON, ARLENE		Date of Receipt M M / D D / Y Y Y Y 05 14 2012
Mailing Address 2847 FESTIVAL P.O. BOX 6162		Amount of Each Receipt this Period 25.00
City HELENA	State MT.	
Zip Code 59604		
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	Amount of Each Receipt this Period 35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 35.00		

B. Full Name (Last, First, Middle Initial) CHANG, MARIA		Date of Receipt M M / D D / Y Y Y Y 09 11 2012
Mailing Address 75 PARNASSUS RD.		Amount of Each Receipt this Period 25.00
City BERKELEY	State CA	
Zip Code 94708		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED TEACHER	Occupation AUTHOR; BLOGGERS	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 50.00		

C. Full Name (Last, First, Middle Initial) COSANZA, ROBERT		Date of Receipt M M / D D / Y Y Y Y 04 16 2012
Mailing Address 78-22 CYPRESS HILLS ST.		Amount of Each Receipt this Period 10.00
City GLENDALE	State NY	
Zip Code 11385		
FEC ID number of contributing federal political committee. C		
Name of Employer FDNY	Occupation RETIRED	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 10.00		

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

12030832704

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) CRIMMONS, MICHAEL		Date of Receipt M M / D D / Y Y Y Y 04 30 2012
Mailing Address 3625 PINEBROOK DR.		Amount of Each Receipt this Period 1,650.00
City RICHMOND	State VA	
FEC ID number of contributing federal political committee. C		
Name of Employer UNEMPLOYED	Occupation ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1,650.00

B. Full Name (Last, First, Middle Initial) CRUSEMIRE, JR., CHARLES		Date of Receipt M M / D D / Y Y Y Y 04 05 2012
Mailing Address 802 ADAMS DRIVE		Amount of Each Receipt this Period 20.00
City BROOKHAVEN	State PA	
FEC ID number of contributing federal political committee. C		
Name of Employer UNEMPLOYED	Occupation ACCOUNTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 20.00

C. Full Name (Last, First, Middle Initial) CURL, MICHAEL		Date of Receipt M M / D D / Y Y Y Y 04 10 2012
Mailing Address 128 ROCKS LANE		Amount of Each Receipt this Period 25.00
City NEWPORT	State NC	
FEC ID number of contributing federal political committee. C		
Name of Employer GLASS PRO SYS.	Occupation WINDSHIELD REPAIR TECH.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1,695.00

12030832705

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) CZERWIEC, NANCY		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 10513 LONG AVE.		Amount of Each Receipt this Period 10.00
City OAK LAWN	State IL	
Zip Code 60453		
FEC ID number of contributing federal political committee. C		
Name of Employer DOMESTIC	Occupation DOMESTIC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

B. Full Name (Last, First, Middle Initial) DAVIS, JOE		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 6121 E. CALLE TUBERIA		Amount of Each Receipt this Period 25.00
City SCOTTSDALE	State AZ	
Zip Code 85251		
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation BROKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

C. Full Name (Last, First, Middle Initial) DILBERTO, JOHN		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address P.O. Box 509		Amount of Each Receipt this Period 25.00
City WILKES BARRE	State PA	
Zip Code 18703		
FEC ID number of contributing federal political committee. C		
Name of Employer BINGHAMTON HARDWARE	Occupation WHOLESALE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

12030832706

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE OF
(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **DIVECCHIO, EVA**

Mailing Address

10160 CROWN CANYON RD.

City

CASTRO VALLEY CA 94552

FEC ID number of contributing
federal political committee.

C

Name of Employer

SMALL BUSINESS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

04 16 2012

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. **EATON, JUDY**

Mailing Address

36528 IRON HORSE DRIVE

City

PALMDALE CA 93550

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

COURT REPORTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

04 09 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **FERRANDO, MICHAEL**

Mailing Address

9326 DUBARRY AVE.

City

LANHAM MD 20706

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

04 04 2012

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶

175.00

TOTAL This Period (last page this line number only).....▶

12030832707

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE OF

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **FERRANDO, MICHAEL**

Mailing Address

9326 DUBARRY AVE.

City

LANHAM

State

MD

Zip Code

20706

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 150.00

Date of Receipt

04 13 2012

Amount of Each Receipt this Period

, 50.00

Full Name (Last, First, Middle Initial)

B. **GAROUTTE, RICHARD**

Mailing Address

33400 HAMPTON RD.

City

EUGENE

State

OR

Zip Code

97405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 125.00

Date of Receipt

05 25 2012

Amount of Each Receipt this Period

, 125.00

Full Name (Last, First, Middle Initial)

C. **GROSSI, FRANCES D.**

Mailing Address

5540 HAMLIN COURT

City

LEESBURG

State

FL

Zip Code

34748

FEC ID number of contributing
federal political committee.

C

Name of Employer

PUBLIX SUPERMARKETS

Occupation

CASHIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 10.00

Date of Receipt

06 27 2012

Amount of Each Receipt this Period

, 10.00

SUBTOTAL of Receipts This Page (optional).....▶

, 185.00

TOTAL This Period (last page this line number only).....▶

12030832708

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) GUTMAN, ROBERT & LAURA</p> <p>Mailing Address 310 WATTS ST.</p> <p>City DURHAM State NC Zip Code 27701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 200.00</p>		<p>Date of Receipt 04 11 2012</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>B. Full Name (Last, First, Middle Initial) HALVERSON, GILBERT M.</p> <p>Mailing Address 206 DZARK TRAIL</p> <p>City MADISON State WI Zip Code 53705</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 100.00</p>		<p>Date of Receipt 05 17 2012</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name (Last, First, Middle Initial) HARDATH, VICKI</p> <p>Mailing Address 208 MELBOURNE BLVD.</p> <p>City ELKTON State MD Zip Code 21921</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer UNEMPLOYED Occupation OFFICE WORK</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 30.00</p>		<p>Date of Receipt 04 13 2012</p> <p>Amount of Each Receipt this Period 20.00</p>

SUBTOTAL of Receipts This Page (optional)..... **220.00**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE OF

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) HASS, JR., ROBERT		Date of Receipt M M / D D / Y Y Y Y 06 27 2012
Mailing Address 6823 S. FLORENCE AVE.		Amount of Each Receipt this Period 25.00
City TULSA	State OR	
Zip Code 74136		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) HENLEY, BONNIE		Date of Receipt M M / D D / Y Y Y Y 05 25 2012
Mailing Address 5125 MISSISSIPPI BAR DR.		Amount of Each Receipt this Period 25.00
City ORANGEVILLE	State CA	
Zip Code 95662		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) HEYMAYER, CAROL		Date of Receipt M M / D D / Y Y Y Y 04 10 2012
Mailing Address 1966 TICE VALLEY BLVD. #507		Amount of Each Receipt this Period 10.00
City WALNUT CREEK	State CA	
Zip Code 94595		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

12030832710

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE OF
(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **HOWARD, WALTER**

Mailing Address

7601 GAMBLE ROAD

City

GEORGETOWN

State

TN

Zip Code

37336

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

, , 100.00

Date of Receipt

05 23 2012

Amount of Each Receipt this Period

, , 50.00

Full Name (Last, First, Middle Initial)

B. **HOWARD, WALTER**

Mailing Address

7601 GAMBLE ROAD

City

GEORGETOWN

State

TN

Zip Code

37336

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

, , 125.00

Date of Receipt

06 13 2012

Amount of Each Receipt this Period

, , 25.00

Full Name (Last, First, Middle Initial)

C. **JACKSON, DOROTHY**

Mailing Address

5707 ALTA VISTA AVE.

City

SAN DIEGO

State

CA

Zip Code

92114

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RN.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

, , 20.00

Date of Receipt

04 18 2012

Amount of Each Receipt this Period

, , 10.00

SUBTOTAL of Receipts This Page (optional).....▶

, , 85.00

TOTAL This Period (last page this line number only).....▶

, ,

12030832711

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE OF
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **JONES, ANTHONY**

Mailing Address

12209 HUTCHISON BLVD.

City

PANAMA CITY BEACH FL 32407

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 250.00

Date of Receipt

06 06 2012

Amount of Each Receipt this Period

, 250.00

Full Name (Last, First, Middle Initial)

B. **KEEN, HARRY**

Mailing Address

6322 WHITAKER DRIVE

City

CORPUS CHRISTI TX 78412

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

INFO TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 75.00

Date of Receipt

04 02 2012

Amount of Each Receipt this Period

, 25.00

Full Name (Last, First, Middle Initial)

C. **KEEN, HARRY**

Mailing Address

6322 WHITAKER DRIVE

City

CORPUS CHRISTI TX 78412

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

INFO. TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 85.00

Date of Receipt

04 12 2012

Amount of Each Receipt this Period

, 10.00

SUBTOTAL of Receipts This Page (optional).....▶

, 285.00

TOTAL This Period (last page this line number only).....▶

12030832712

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **KLUGES, GEORGE**

Mailing Address

227 E. PALM

City

FRESNO

State

CATX

Zip Code

77545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

04 04 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. **LANOTHE, HILARY**

Mailing Address

P.O. Box 920670

City

NORCROSS

State

GA

Zip Code

30010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ADVA OPTICAL NETWORKING

ELECTRONICS ENGINEER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

04 11 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. **LAUDENSLAGER, DALE**

Mailing Address

8729 LYON VALLEY RD.

City

NEW TRIPOH

State

PA

Zip Code

18066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF-RVWORKSHOP.COM

INTEKNET SALES

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

04 02 2012

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶

45.00

TOTAL This Period (last page this line number only).....▶

12030832713

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE OF
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **LYMAN, ANNA**

Mailing Address

711 SOUTH THIRD ST.

City

COPPERAS COVE

State

TX

Zip Code

76522

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

04 / 04 / 2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. **LYNN, ROBERT**

Mailing Address

3899 HWY 125N

City

NASHVILLE

State

GA

Zip Code

31639

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

MED LAB TECH

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

04 / 02 / 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **MACMILLAN, JERRI**

Mailing Address

8 SOUTH WINDS DRIVE

City

ESSEX

State

CT

Zip Code

06426

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

04 / 03 / 2012

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

12030832714

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **MAY, MICHAEL**

Mailing Address

195 CARMELITE AVE. NW

City

PALM BAY

State

FL

Zip Code

32907

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUPR. ELECTIONS

BREVARD COUNTY

Occupation

ELECTION SUPPORT

Receipt For:

☐ Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

04 16 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. **McALLISTER, DANIEL**

Mailing Address

50 GOODHUE DRIVE

City

AKRON

State

OH

Zip Code

44313

FEC ID number of contributing
federal political committee.

C

Name of Employer

GOODYEAR TIRE

Occupation

MECH. ENGINEER

Receipt For:

☐ Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 08 2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. **MCGLADE, RANDALL**

Mailing Address

230 HIDDEN WALK RD. STE. 437

City

LAS VEGAS

State

NV

Zip Code

89119

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NONE

Receipt For:

☐ Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

06 29 2012

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

12030832715

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **NADER, ALFRED**

Mailing Address

3519 RODESCO CT. SE

City

PUYALLUP

State

WA

Zip Code

98374

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

04 / 03 / 2012

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. **O'HARA, JOSEPH**

Mailing Address

427 KINGSBURY RD.

City

HOBBSIE

State

PA

Zip Code

18660

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

USN RET.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

04 / 20 / 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **PRICE, FRANKLIN**

Mailing Address

426 LILLY ROAD NE

City

OLYMPIA

State

WA

Zip Code

98506

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

04 / 26 / 2012

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶

145.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. QUIGLEY, THOMAS		Date of Receipt 04 02 2012
Mailing Address 89 NESTRO ROAD, WEST		Amount of Each Receipt this Period 25.00
City ORANGE	State Zip Code NJ. 07052	
FEC ID number of contributing federal political committee. C		
Name of Employer TOWNSHIP OF W. ORANGE	Occupation FIREFIGHTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50.00

Full Name (Last, First, Middle Initial) B. RICOTTA, KANDY		Date of Receipt 04 04 2012
Mailing Address 29860 N. 77th PL.		Amount of Each Receipt this Period 200.00
City SCOTTSDALE	State Zip Code AZ 85266	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00

Full Name (Last, First, Middle Initial) C. RICOTTA, KANDY		Date of Receipt 04 30 2012
Mailing Address 29860 N. 77th PL.		Amount of Each Receipt this Period 250.00
City SCOTTSDALE	State Zip Code AZ 85266	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00

SUBTOTAL of Receipts This Page (optional).....▶

475.00

TOTAL This Period (last page this line number only).....▶

12030832717

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:			PAGE	OF
(check only one)				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) ROBERTS, MARY			Date of Receipt 04/04/2012	
Mailing Address 713 S. HOUSTON				
City SHAMROCK	State TX	Zip Code 79079		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 30.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 30.00		

B. Full Name (Last, First, Middle Initial) ROCK, JOSEPH			Date of Receipt 06/25/2012	
Mailing Address 7401 ARCO IRIS LN.				
City CASTLE PINES NORTH	State CO	Zip Code 80108		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED		Occupation SECURITIES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50.00		

C. Full Name (Last, First, Middle Initial) RUSSELL, NANCY			Date of Receipt 04/05/2012	
Mailing Address 12 STONEY HILL ROAD				
City NEW HOPE	State PA	Zip Code 18938		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 15.00	
Name of Employer SELF		Occupation PROP. MGR.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 15.00		

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. SEIF, JAMES		Date of Receipt 04 02 2012
Mailing Address 1741 MAJORCA DR.		Amount of Each Receipt this Period 25.00
City YUBA CITY	State CA Zip Code 95993	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) B. SIMMONS, LESLIE ANNE		Date of Receipt 05 16 2012
Mailing Address 15594 MOUNTAIN SHADOWS DR.		Amount of Each Receipt this Period 20.00
City REDDING	State CA Zip Code 96001	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation DISABLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00	

Full Name (Last, First, Middle Initial) C. SOLIZ, PAUL		Date of Receipt 05 02 2012
Mailing Address 1207 W. 21ST. ST. #A		Amount of Each Receipt this Period 10.00
City PLAINVIEW	State TX Zip Code 79072	
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation DISABLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
(check only one)				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. STARK, RAY		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address P.O. BOX 3518		Amount of Each Receipt this Period 25.00
City CAREFREE	State AZ Zip Code 85377	
FEC ID number of contributing federal political committee. C		
Name of Employer ACORN - PHOENIX	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) B. STEELE, BRUCE		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 5039 STATE ROUTE 80		Amount of Each Receipt this Period 10.00
City TULLY	State NY Zip Code 13159	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

Full Name (Last, First, Middle Initial) C. STOLTE, JOHN		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 11006 BOOTH AVE.		Amount of Each Receipt this Period 50.00
City KANSAS CITY	State MO Zip Code 64134	
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

SUBTOTAL of Receipts This Page (optional).....▶

85.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **TANBERG, CURTIS**

Mailing Address

229 BANYAN LANE

City

TAVORNIER

State

FL

Zip Code

33070

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

OWNER/MARINA

REAL ESTATE BROKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

06/27/2012

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. **TERNEY, DENNIS**

Mailing Address

46 DES MOINE AVE.

City

SOUTH HUTCHINSON

State

KS

Zip Code

67505

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06/27/2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. **WHITE, JUDY**

Mailing Address

7278 MERAMAR DR

City

ST. LOUIS

State

MO

Zip Code

63129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

04/02/2012

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
(check only one)				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WILKINSON, LAURA		Date of Receipt M M / D D / Y Y Y Y 04 09 2012
Mailing Address 2202 MATTHEWS DR. APT. A		Amount of Each Receipt this Period 25.00
City AUSTIN	State TX	
Zip Code 78703		
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation NONE	Amount of Each Receipt this Period 35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35.00	

Full Name (Last, First, Middle Initial) B. WILMOTT, GARY		Date of Receipt M M / D D / Y Y Y Y 05 25 2012
Mailing Address 465 PARKVIEW CT.		Amount of Each Receipt this Period 125.00
City SIMI VALLEY	State CA	
Zip Code 93065		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation LEGAL	Amount of Each Receipt this Period 675.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

Full Name (Last, First, Middle Initial) C. ZIMMERMAN, WILLIAM E.		Date of Receipt M M / D D / Y Y Y Y 04 11 2012
Mailing Address 3181 S. PITZERS RIDGE RD.		Amount of Each Receipt this Period 50.00
City COVINGTON	State VA	
Zip Code 22426		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation COMP. SYS. ENGINEER	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....▶

200.00

TOTAL This Period (last page this line number only).....▶

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **GARDVITE, RICHARD**

Mailing Address

33400 HAMPTON RD.

City

EUGENE

State

OR

Zip Code

97405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ENGINEER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

250.00

Date of Receipt

06 19 2012

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

125.00

5,010.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A.

CITRIX

Date of Disbursement

04' 09' 2012

Mailing Address

4988 GREAT AMERICA PKWY.

City

State

Zip Code

SANTA CLARA CA 95054

Purpose of Disbursement

TELECONFERENCING SERVICES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

CITRIX

Date of Disbursement

05' 08' 2012

Mailing Address

4988 GREAT AMERICA PKWY.

City

State

Zip Code

SANTA CLARA CA 95054

Purpose of Disbursement

TELECONFERENCING SERVICES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

CITRIX

Date of Disbursement

06' 08' 2012

Mailing Address

4988 GREAT AMERICA PKWY.

City

State

Zip Code

SANTA CLARA CA 95054

Purpose of Disbursement

TELECONFERENCING SERVICES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

147.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A.

P124X

Date of Disbursement

04 / 04 / 2012

Mailing Address

144 2ND. ST. 1ST FLOOR

City

State

Zip Code

SAN FRANCISCO CA 94105

Purpose of Disbursement

ONLINE TRANSACTION FEES

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

58.35

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

P124X

Date of Disbursement

05 / 04 / 2012

Mailing Address

144 2ND. ST. 1ST FLOOR

City

State

Zip Code

SAN FRANCISCO CA 94105

Purpose of Disbursement

ONLINE TRANSACTION FEES

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

46.11

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

P124X

Date of Disbursement

06 / 04 / 2012

Mailing Address

144 2ND. ST. 1ST FLOOR

City

State

Zip Code

SAN FRANCISCO CA 94105

Purpose of Disbursement

ONLINE TRANSACTION FEES

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

26.34

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

130.80

12030832725

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A.

AMERICAN EXPRESS

Date of Disbursement

01 09 2012

Mailing Address

City State Zip Code

Purpose of Disbursement

PURCHASE SONY HD CAMERA

001
Category/
Type

Amount of Each Disbursement this Period

1649.00

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

AMERICA'S WEB RADIO

Date of Disbursement

05 30 2012

Mailing Address

8010 ROSWELL RD. STE. 290

City State Zip Code

SANDY SPRINGS GA 30350

Purpose of Disbursement

004
Category/
Type

Amount of Each Disbursement this Period

500.00

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

AMERICA'S WEB RADIO

Date of Disbursement

06 07 2012

Mailing Address

8010 ROSWELL RD. STE. 290

City State Zip Code

SANDY SPRINGS GA 30350

Purpose of Disbursement

004
Category/
Type

Amount of Each Disbursement this Period

125.00

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

2274.00

TOTAL This Period (last page this line number only).....▶

12030832726

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A.

AMERICA'S WEB RADIO

Date of Disbursement

Mailing Address

8010 ROSWELL RD STE. 29D

06/25/2012

City

State

Zip Code

SANDY SPRINGS GA 30350

Purpose of Disbursement

RADIO PROGRAMMING

004
Category/
Type

Amount of Each Disbursement this Period

625.00

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

BILLBOARD CONNECTION

Date of Disbursement

Mailing Address

2121 VISTA PKWY.

04/18/2012

City

State

Zip Code

W. PALM BEACH FL 33411

Purpose of Disbursement

BILLBOARD ADVERTISING

004
Category/
Type

Amount of Each Disbursement this Period

266.32

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

WELLS FARGO BANK

Date of Disbursement

Mailing Address

06/25/2012

City

State

Zip Code

Purpose of Disbursement

BANK FEE

001
Category/
Type

Amount of Each Disbursement this Period

12.50

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

903.82

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. **HASKINS, DEAN**

05 / 30 / 2012

Mailing Address

109 CARRIAGE HILL DR

City

FOREST

State

VA

Zip Code

24551

Purpose of Disbursement

RADIO ADVERTISING

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

60.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. **HASKINS, DEAN**

06 / 14 / 2012

Mailing Address

109 CARRIAGE HILL DR.

City

FOREST

State

VA

Zip Code

24551

Purpose of Disbursement

RADIO ADVERTISING

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

120.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. **HASKINS, DEAN**

06 / 14 / 2012

Mailing Address

109 CARRIAGE HILL DR.

City

FOREST

State

VA

Zip Code

24551

Purpose of Disbursement

RADIO ADVERTISING

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

60.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

240.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 20 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

USPS

Mailing Address

04 / 18 / 2012

City State Zip Code

Purpose of Disbursement

POSTAL SERVICES

001
Category/
Type

Amount of Each Disbursement this Period

10.40

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

B.

USPS

Mailing Address

Date of Disbursement

05 / 22 / 2012

City State Zip Code

Purpose of Disbursement

POSTAL SERVICES - PO BOX

001
Category/
Type

Amount of Each Disbursement this Period

29.00

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

C.

WM. J. OLSON LAW FIRM

Mailing Address

Date of Disbursement

05 / 07 / 2012

City State Zip Code

VA

Purpose of Disbursement

LEGAL SERVICES

001
Category/
Type

Amount of Each Disbursement this Period

5,000.00

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶

5039.40

TOTAL This Period (last page this line number only).....▶

12030832729

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

UPS

Mailing Address

06 / 14 / 2012

City State Zip Code

Purpose of Disbursement

SHIPPING SERVICES

001
Category/
Type

Amount of Each Disbursement this Period

60.11

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

60.11

8,795.13

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- ☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established M M / D D / Y Y Y Y	
City	State Zip Code	Date Due M M / D D / Y Y Y Y	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred M M / D D / Y Y Y Y			
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y		Location of account: Address: City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE M M / D D / Y Y Y Y	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y Y Y	
Title			

12030832732

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE OF

FOR LINE NUMBER:
 (check only one)

9
 10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;">C</div>
-----------------------------	--

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"></div>
City	State Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"></div>
City	State Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date

MM / DD / YYYY

12030832734

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee	
		Mailing Address	
		City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type
Mailing Address		Date M M / D D / Y Y Y Y	
City	State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: House State: _____ Senate District: _____ Presidential		
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type
Mailing Address		Date M M / D D / Y Y Y Y	
City	State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: House State: _____ Senate District: _____ Presidential		
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/ Type
Mailing Address		Date M M / D D / Y Y Y Y	
City	State Zip Code	Amount	
Name of Federal Candidate Supported	Office Sought: House State: _____ Senate District: _____ Presidential		
Aggregate General Election Expenditure for this Candidate ▶			
SUBTOTAL of Expenditures This Page (optional)..... ▶			
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- ☐ Presidential-Only Election Year (28% Federal)
- ☐ Presidential and Senate Election Year (36% Federal)
- ☐ Senate-Only Election Year (21% Federal)
- ☐ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>%</p>	<p>NONFEDERAL %</p> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>%</p>	<p>NONFEDERAL %</p> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>%</p>	<p>NONFEDERAL %</p> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>%</p>	<p>NONFEDERAL %</p> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>%</p>	<p>NONFEDERAL %</p> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>%</p>	<p>NONFEDERAL %</p> <p>%</p>

12030832737

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE OF
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT M / M / Y / /	TOTAL AMOUNT TRANSFERRED
-----------------	-------------------------------------	--------------------------

BREAKDOWN OF TRANSFER RECEIVED

- i) Total Administrative
- ii) Generic Voter Drive
- iii) Exempt Activities.....
- iv) Direct Fundraising (List Activity or Event Identifier)
 - a)
 - b)
 - c) Total Amount Transferred For Direct Fundraising
- v) Direct Candidate Support (List Activity or Event Identifier)
 - a)
 - b)
 - c) Total Amount Transferred For Direct Candidate Support.....
- vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

- TOTAL This Period (Administrative)
- TOTAL This Period (Generic Voter Drive)
- TOTAL This Period (Exempt Activities)
- TOTAL This Period (Direct Fundraising)
- TOTAL This Period (Direct Candidate Support)
- TOTAL This Period (Public Communications Referring Only to Party)
- TOTAL This Period (Total Amount Transferred).....

12030832738

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M / M / D / D / Y Y Y Y Y Y	
Purpose of Disbursement:		Category/ Type	Date M / M / D / D / Y Y Y Y Y Y	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M / M / D / D / Y Y Y Y Y Y	
Purpose of Disbursement:		Category/ Type	Date M / M / D / D / Y Y Y Y Y Y	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M / M / D / D / Y Y Y Y Y Y	
Purpose of Disbursement:		Category/ Type	Date M / M / D / D / Y Y Y Y Y Y	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received)

12030832740

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

12030832742

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

12030832743

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE OF
 (check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M / D D / Y Y Y Y _____
_____ Mailing Address _____	_____
City State Zip Code _____	Amount of Each Disbursement this Period _____
Purpose of Disbursement _____	_____
B. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M / D D / Y Y Y Y _____
_____ Mailing Address _____	_____
City State Zip Code _____	Amount of Each Disbursement this Period _____
Purpose of Disbursement _____	_____
C. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M / D D / Y Y Y Y _____
_____ Mailing Address _____	_____
City State Zip Code _____	Amount of Each Disbursement this Period _____
Purpose of Disbursement _____	_____
D. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M / D D / Y Y Y Y _____
_____ Mailing Address _____	_____
City State Zip Code _____	Amount of Each Disbursement this Period _____
Purpose of Disbursement _____	_____
E. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M / D D / Y Y Y Y _____
_____ Mailing Address _____	_____
City State Zip Code _____	Amount of Each Disbursement this Period _____
Purpose of Disbursement _____	_____

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